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PTO/SB/21 (04-07)

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| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 09/945,038-Conf. #3056 |                  |
|  | Filing Date          | August 31, 2001        |                  |
|  | First Named Inventor | Ann M. JOHNSON         |                  |
|  | Art Unit             | 3626                   |                  |
|  | Examiner Name        | D. B. Cobanoglu        |                  |
| Total Number of Pages in This Submission   | 3                    | Attorney Docket Number | 2000874.00167US1 |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard Statement Under 37 CFR 3.73(b) |
| Remarks  |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | WILMER CUTLER PICKERING HALE AND DORR LLP |          |        |
| Signature                                  |   |          |        |
| Printed name                               | Eric L. Prah                              |          |        |
| Date                                       | July 17, 2007                             | Reg. No. | 32,590 |

|   |                              |
|---|------------------------------|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                              |
| Dated: 7/17/07  | Signature:  (Maureen Divito) |



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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Ann Mond Johnson, John Fiacco, Joseph Donlan, and Tracy Heilman

Application No./Patent No.: 09/945038 Filed/Issue Date: August 31, 2001

Entitled: METHOD AND SYSTEM FOR CONSUMER HEALTHCARE DECISION MAKING

WEBMD, a Partnership  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- 1.  the assignee of the entire right, title, and interest; or
- 2.  an assignee of less than the entire right, title and interest.  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015257, Frame 0292, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

- 1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
- 2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
- 3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.  
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

[Signature]  
Signature

7/10/07  
Date

Matt Kammer, Esq.  
Printed or Typed Name

212-624-3745  
Telephone Number

Assistant General Counsel  
Title



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|   |                        |                        |
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| <b>REVOCAION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 09/945,038-Conf. #3056 |
|   | Filing Date            | August 31, 2001        |
|   | First Named Inventor   | Ann M. JOHNSON         |
|   | Art Unit               | 3626                   |
|   | Examiner Name          | D. B. Cobanoglu        |
|   | Attorney Docket Number | 2000874.00167US1       |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.  
**OR**  
 I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:  
 The address associated with Customer Number:   
**OR**

Firm or Individual Name

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City

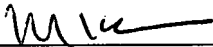
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I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature 

Name Matt Kaminer, Esq.

Date 7/10/07 Telephone 212-624-3745

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.